

NORTH CAROLINA DEPARTMENT OF AGRICULTURE
& CONSUMER SERVICES
FOOD AND DRUG PROTECTION DIVISION
COMMERCIAL ANIMAL FEED AND PET FOOD BRANCH
1070 MAIL SERVICE CENTER
RALEIGH, NC 27699-1070
STEVE TROXLER, COMMISSIONER

APPLICATION FOR REGISTRATION OF COMMERCIAL FEEDING STUFFS AND/OR CANNED PET FOOD FOR THE YEAR_____.

Application is hereby made for registration of the Commercial Feeding Stuffs and/or Canned Pet Foods listed below for a period beginning with the actual date of registration and continuing until December 31, _____.

Firm Name and Address appearing on label:

FIRM:

Mailing Address

City & State:

Zip:

Attention:

Telephone:

Submitted by and Address Correspondence to:

FIRM

Mailing Address

City & State:

Zip:

By:

Date:

Telephone:

Signature and title of person signing

Email Address

Remittance, payable to the North Carolina Department of Agriculture & Consumer Services (NCDA&CS), is enclosed herewith to cover the annual registration fees for:

For New Products ONLY

_____	Brands of feeds @ \$5.00 each (packages over 5 lbs.)	\$	_____
_____	Brands of feeds @ \$40.00 each (packages of only 5 lbs. and less)	\$	_____
_____	Brands of feeds @ \$45.00 each (packages of 5 lbs and less and over 5 lbs.)	\$	_____
_____	Brands of canned (in cans or hermetically sealed containers) pet food @ \$12.00 each	\$	_____
	Total	\$	_____

Item No.	Reg. Fee	Complete Name of Product
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

(Applicant not to fill in below this line)

CERTIFICATE OF REGISTRATION

This certifies that the above named applicant is hereby licensed to sell the above brands of Commercial Feeding Stuffs and Canned Pet Foods, in the STATE OF NORTH CAROLINA for a period beginning with the actual date of registration and ending December 31, _____, when sold offered for sale or distributed under the brand name and guarantees as they appear on the labels accompanying this application.

Manufacturers Permit No. _____

Steve Troxler, Commissioner of Agriculture

By: _____

Feed Administrator

Total Fees Paid _____

Receipt No. _____

Date: _____